

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-16-03.

I. DISPUTE

Whether there should be reimbursement for 99214-25 billed on 9-15-03 and denied by the carrier as “N – documentation does not support the service billed.”

II. RATIONALE

On 4-12-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support the fee component of the dispute per Rule 133.307(g)(3)(A-F). Therefore, no review can be conducted and no reimbursement recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 99214-25.

The above Findings and Decision are hereby issued this 27th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division